

Tuscaloosa County Park & Recreation Authority

Employment Application

**Tuscaloosa County Park & Recreation Authority
Human Resources Manager
P.O. Box 2496
Tuscaloosa, AL 35403
(205) 562-3220**

INSTRUCTIONS:

Answer every question. Leave no blank spaces.

If a question does not apply to you, write N/A (Not Applicable)

Please type or print this form: (1) legible, (2) BLACK ink only.

Resume and Transcripts are required for all professional staff applications.

Incomplete applications will not be considered for employment.

All previous editions are obsolete. 09/2007

Tuscaloosa County Park & Recreation Authority

By applying for employment, I authorize the Tuscaloosa County Park and Recreation Authority (PARA), and its employees and representatives to request information from and consult with any third party (including any former employers) who may have information on me including my qualifications, competence, character, stability, habits, behavior, and prior work performance. This authorization includes the right to inspect and/or obtain any and all documents and records (i.e. criminal background history, department of motor vehicle history, and/or sexual offender status) of any kind from third party source unless protected by a statutory or judicially created privilege. I authorize any such third party to release this information to PARA, and I hereby release PARA, its employees and representatives, and any such third party from any and all liability with respect to any acts, communications, recommendations, disclosures and/or expressions of opinion concerning information requested, transmitted, evaluated, and used in considering my application for employment and subsequent employment (if any) with PARA.

I understand that employment with PARA is voluntarily entered into, and I am free to resign at will at any time, with or without cause. Similarly, PARA may terminate the employment relationship at will at any time, with or without notice or cause, so long as there is no violation of applicable federal or state law.

Signature

Date

TUSCALOOSA COUNTY PARK & RECREATION AUTHORITY

It is the policy of Tuscaloosa County Park & Recreation Authority that no person shall, on the basis of race, color, creed, religion, sex, age, national origin or disability be denied employment, be excluded from participation in, be denied the benefits of, or be subjected to discrimination in any program or activity.

Date of Application _____

Position(s) Applied For: _____

NAME _____
Last First Middle

PRESENT ADDRESS _____
Street# City State Zip

PREVIOUS ADDRESS _____
Street# City State Zip

Telephone # () _____ SOCIAL SECURITY # - -

DRIVER'S LICENSE # _____

EMERGENCY CONTACT _____ Phone # _____

Are you under the age of 18? _____ YES _____ NO
If YES, are you willing to obtain a work permit? _____ YES _____ NO

Have you ever filed an application here before? _____ YES _____ NO
If YES, when? _____

Have you ever been employed here before? _____ YES _____ NO
If YES, give DATES and POSITION? _____

Are you employed now? _____ YES _____ NO

May we contact your employer? _____ YES _____ NO

On what date would you be available for work? _____

Are you available to work: _____ PART-TIME _____ FULL TIME _____ TEMPORARY

Rate of pay expected? \$ _____

Are you a Veteran of U.S. Military Service? _____ YES _____ NO
If YES, BRANCH _____

Are you able to perform the essential functions of this job with or without reasonable accommodation? _____ YES _____ NO

Have you been convicted of a felony in the past 7 years? _____ YES _____ NO

If YES, please explain _____

EDUCATION

	High School	College/University	Graduate/Professional
SCHOOL NAME:			
Years Completed: (circle)	9 10 11 12	1 2 3 4	1 2 3 4
Describe Course of Study:		MAJOR: MINOR:	

Describe any specialized training, any apprenticeships, skills, or any extra-curricular activities:	
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*****RESUME & TRANSCRIPT ARE REQUIRED FOR ALL PROFESSIONAL STAFF APPLICATIONS.**

Honors Received: _____

State any additional information that you feel may be helpful to us in considering your application: _____

EMPLOYMENT EXPERIENCE

Start with your PRESENT or most recent job. Exclude organizations and/or names which indicate race, sex, color, religion, or national origin.

Name & Address of Employer	FROM(mo./yr.) TO(mo./yr.)	Describe Work:	List Starting Salary and Ending Salary	Reason for Leaving
	From: To:		START: \$ END: \$	

EMPLOYER PHONE # () _____ SUPERVISOR's NAME _____

Name & Address of Employer	FROM(mo./yr.) TO(mo./yr.)	Describe Work:	List Starting Salary and Ending Salary	Reason for Leaving
	From: To:		START: \$ END: \$	

EMPLOYER PHONE # () _____ SUPERVISOR's NAME _____

Name & Address of Employer	FROM(mo./yr.) TO(mo./yr.)	Describe Work:	List Starting Salary and Ending Salary	Reason for Leaving
	From: To:		START: \$ END: \$	

EMPLOYER PHONE # () _____ SUPERVISOR's NAME _____

SPECIAL SKILLS & QUALIFICATIONS

Summarize special skills and qualifications acquired from other employment or other experience: _____

Do you have a Commercial Driver's License (CDL) for a Class B - Bus Driver? YES NO

List professional, trade, business, or civic activities and offices held, (Exclude those which indicate race, sex, national origin, religion, or color) _____

The following information is for applicants applying for recreation related jobs. Check the activities you have Instructed, Officiated or Supervised.

	I	O	S		I	O	S
Basketball				Exercise/Fitness			
Softball				Puppetry/Story Telling			
Football				Visual Arts			
Volleyball				Dance			
Archery				Theatre/Drama			
Bowling				Music/Group Singing			
Gymnastics				Arts & Crafts			
Swimming				Low Organized Games			
Track				Roller Skating			
Tennis				LIST OTHERS:			
LIST OTHERS:							

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### PERSONAL REFERENCES

| NAME | OCCUPATION | ADDRESS (include Street, City, State, Zip) | TELEPHONE # |
|------|------------|--------------------------------------------|-------------|
|      |            |                                            |             |
|      |            |                                            |             |
|      |            |                                            |             |

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the department.

I understand that employment with PARA is voluntarily entered into, and I am free to resign at will at any time, with or without cause. Similarly, PARA may terminate the employment relationship at will at any time, with or without notice or cause, so long as there is no violation of applicable federal or state law.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## Credit Report Disclosure and Authorization Form

In processing your application for employment or, if you are offered employment, at any time during your employment, Tuscaloosa County Park and Recreation Authority (PARA) may obtain a consumer credit report from \_\_\_\_\_ for employment purposes concerning credit worthiness, credit standing, and credit capacity.

\_\_\_\_\_ Check here, if you would like to receive a free copy of your credit report.

Upon receiving the copy of your credit report, if you want to dispute the accuracy or completeness of any item in it, you may contact the consumer reporting agency, whose address and telephone number are included in the report, and request an investigation. (A summary of our rights under the Fair Credit Reporting Act is attached to this form.) If you disagree with the accuracy of any information in the report, you must notify PARA within two days of the receipt of the report that you are challenging information in the report. PARA will not make a final decision on our employment status until you have had a reasonable opportunity to address the information contained in the report.

Note that if you are denied employment or an adverse employment action is taken based on information obtained in the credit report, you will be notified and provided with a copy of the report as well as a written description of your rights under the Fair Credit Reporting Act.

Please read this form carefully before signing and dating it below, which will authorize PARA to obtain a consumer credit report on you as part of the pre-employment background screening process or, if you are offered employment, for employment purposes at any time during your employment.

.....  
I consent to this investigation and hereby authorize PARA to obtain a consumer credit report on my background for employment purposes only and acknowledge that I have been provided with a summary of my rights under the Fair Credit Reporting Act.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TUSCALOOSA COUNTY PARK & RECREATION AUTHORITY  
DRUG AND ALCOHOL CONSENT/RELEASE FORM**

I have read and acknowledge receipt of the Tuscaloosa County Park & Recreation Authority's (PARA) Drug and Alcohol Policy. I agree, as a condition of my initial or continued employment by PARA to be bound by the terms, conditions and provisions of PARA's Drug and Alcohol Policy. I agree to submit to Pre-Placement, Random, Post-Accident and Reasonable Suspicion/Cause and/or alcohol tests in accordance with the terms of this Policy.

I do hereby give my consent to PARA to collect a sample of urine, blood and/or breath from me on this date, and I further give my consent to PARA to forward the sample(s) to the laboratory for its performance of appropriate tests thereon to identify the results of such tests to PARA's Medical Review Officer. I authorize the Medical Review Officer to release to PARA.

I expressly authorize the PARA or its Medical Review Officer to release any test-related information, including positive results, to the Unemployment Compensation Agency, or any other relevant government agency.

I understand that I am subject to post-accident testing I must remain available, or my employer may consider me to have refused to submit to testing. I must refrain from consuming alcohol for eight hours following the accident, or until I submit to an alcohol test. I also understand that if this test is being conducted because of an accident I was involved in, and I refuse to submit to standards adopted by the U.S. Department of Transportation in 49 C.F.R. 40 and 382, as amended, that such refusal will forfeit my rights to recover worker's compensation benefits as set forth in Alabama Code 25-5-1 et seq.

I understand that this agreement in no way limits my rights to terminate my employment or be terminated in accordance with federal, state, and local laws.

I also understand that it is not the purpose of this test to identify any disability I may have.

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Social Security Number

# FOR OFFICE USE ONLY

Arrange Interview \_\_\_\_YES \_\_\_\_NO

Date of Interview\_\_\_\_\_

Interviewed By\_\_\_\_\_

Employed \_\_\_\_Yes \_\_\_\_No

Date of Employment \_\_\_\_\_

Remarks\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Drug Screen Required Yes No

Credit Check Required Yes No

Background Check Req'd Yes No

DMV Check Required Yes No

Job Title:\_\_\_\_\_

Rate of Pay: \$\_\_\_\_\_

Department:\_\_\_\_\_

Accounting Code \_\_\_\_\_

Supervisor Approval \_\_\_\_\_

Division Manager Approval \_\_\_\_\_

Executive Director Approval \_\_\_\_\_

## REFERENCE NAME:

|       | Date<br>Letter Sent | Date<br>Letter Returned | Date<br>Called |
|-------|---------------------|-------------------------|----------------|
| _____ | _____               | _____                   | _____          |
| _____ | _____               | _____                   | _____          |
| _____ | _____               | _____                   | _____          |
| _____ | _____               | _____                   | _____          |